



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIHYPERKINESIS AGENTS PA SUMMARY

Preferred	Non-Preferred
Amphetamine-dextroamphetamine generic Amphetamine salt combo generic Dexedrine CR (dextroamphetamine ER) Dextroamphetamine IR tablets generic Focalin (dexmethylphenidate) Focalin XR (dexmethylphenidate ER) Intuniv (guanfacine extended-release) Metadate CD/ER (methylphenidate CD/ER) Methylin chew tabs (methylphenidate) Methylin/ER (methylphenidate IR/ER) Methylphenidate/SA/SR/ER (including generic) Concerta, excluding generic Ritalin LA, Metadate CD) Quillivant XR (methylphenidate ER suspension) Strattera (atomoxetine) Vyvanse (lisdexamfetamine) Zenzedi 5mg, 10mg tablets (dextroamphetamine)	Adderall XR (amphetamine salt combo ER) Amphetamine salt combo ER (generic Adderall XR) Aptensio XR (methylphenidate ER) Clonidine ER generic Daytrana (methylphenidate TD patch) Desoxyn (methamphetamine) Dexmethylphenidate generic Dexmethylphenidate ER generic Dextroamphetamine ER generic Dextroamphetamine oral solution generic Evekeo (amphetamine) Guanfacine extended-release generic Kapvay (clonidine ER) Kapvay Therapy Pack Methamphetamine generic Methylphenidate chew tabs generic Methylphenidate oral solution Methylin oral solution Methylphenidate CD ER (generic Metadate CD) Methylphenidate ER (generic Ritalin LA) Modafinil generic Nuvigil (armodafinil) Procentra (dextroamphetamine oral solution) Provigil (modafinil) Ritalin LA (methylphenidate ER) Zenzedi 2.5, 7.5, 15, 20, 30mg tablets (dextroamphetamine)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Preferred agents require PA for members 21 years of age and older. Non-preferred agents require PA for members of all ages.
- ❖ If generic amphetamine salt combo extended-release, generic clonidine extended-release, generic methamphetamine, generic methylphenidate extended-release, generic modafinil, generic methylphenidate oral solution or generic dextroamphetamine oral solution are approved, the PA will be issued for brand Adderall XR, brand Kapvay, brand Desoxyn, brand Ritalin LA, brand Provigil, brand Methylin oral solution or brand Procentra, respectively.
- ❖ If generic methylphenidate SA (generic Concerta) is approved, the PA will be issued for the Actavis/Watson generic only.

PA CRITERIA:

For all preferred agents except Vyvanse for members 21 years of age and older

- ❖ Approvable for members with narcolepsy.

Revised 7/1/2015



- ❖ Approvable for members with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

Vyvanse

- ❖ Approvable for members 21 years of age and older with narcolepsy, ADD or ADHD.
- ❖ Approvable for members 18 years of age and older with moderate to severe binge-eating disorder (BED) and the medication is being prescribed by or in consultation with a psychiatrist

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to a selective serotonin reuptake inhibitor (SSRI), topiramate and zonisamide

AND

- ❖ Member must be undergoing or have undergone psychotherapy and behavioral therapy for BED unless the member does not have access to or declines this type of therapy.

Adderall XR, Amphetamine Salt Combo ER Generic, Aptensio XR, Methylphenidate ER Generic, Ritalin LA

- ❖ Approvable for members with ADD or ADHD

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. Dextroamphetamine

AND

- ❖ For generic amphetamine salt combo ER or generic methylphenidate ER, prescriber must submit a letter of medical necessity stating the reasons brand Adderall XR or brand Ritalin LA, respectively, is not appropriate for the member.

Desoxyn, Methamphetamine Generic

- ❖ Approvable for members with narcolepsy, ADD, ADHD or minimal brain dysfunction

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. Dextroamphetamine

AND

- ❖ For generic methamphetamine, prescriber must submit a written letter of medical necessity stating the reasons brand Desoxyn is not appropriate for the member.

Dextroamphetamine ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, Dexedrine CR, is not appropriate for the member.

Evekeo

- ❖ Approvable for members with narcolepsy who are 6 years of age and older and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions,



or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. Dextroamphetamine.

- ❖ Approvable for members with ADD or ADHD who are 3 years of age and older and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. Dextroamphetamine.

Guanfacine Extended-Release Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Intuniv, is not appropriate for the member.

Clonidine ER Generic, Kapvay, Kapvay Therapy Pack

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD who have a substance abuse disorder or a family history of substance abuse disorder

OR

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. dextroamphetamine

AND

- ❖ For generic clonidine ER, prescriber must submit a written letter of medical necessity stating the reasons brand Kapvay is not appropriate for the member.

Methylphenidate Chew Tabs Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Methylin Chew Tabs, is not appropriate for the member.

Provigil, Modafinil Generic, Nuvigil

- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic with shift work sleep disorder.
- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic with obstructive sleep apnea/hypo-apnea syndrome who are on continuous positive airway pressure (CPAP) treatment.
- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic with narcolepsy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations 2. Methylphenidate HCL, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Dextroamphetamine

AND

- ❖ For generic modafinil, prescriber must submit a written letter of medical necessity stating the reasons brand Provigil is not appropriate for the member.

Daytrana

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow oral dosage formulations



OR

- ❖ Member must have tried and failed at least 1 agent in either of the following groups:
1. Concerta, methylphenidate HCL, Metadate CD Methylin, Methylin ER, Metadate ER, methylphenidate ER 2. Focalin, Focalin XR AND at least 1 agent in either of the following groups: 1. Amphetamine salt combinations 2. Dextroamphetamine.

Procentra, Dextroamphetamine Oral Solution Generic

- ❖ Approvable for members with ADD or ADHD who are unable to swallow solid oral dosage formulations.

AND

- ❖ For generic dextroamphetamine oral solution generic, prescriber must submit a written letter of medical necessity stating the reasons brand Procentra is not appropriate for the member.

Generic Methylphenidate SA (generic Concerta) manufactured by any labeler other than by Actavis/Watson

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate SA manufactured by Actavis/Watson [see table below for NDC numbers], is not appropriate for the member.

18 mg	100-count bottle	NDC 0591-2715-01
27 mg	100-count bottle	NDC 0591-2716-01
36 mg	100-count bottle	NDC 0591-2717-01
54 mg	100-count bottle	NDC 0591-2718-01

Dexmethylphenidate Generic, Dexmethylphenidate ER Generic

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, Focalin or Focalin XR, is not appropriate for the member.

Methylin Oral Solution, Methylphenidate Oral Solution Generic

- ❖ Approvable for members with narcolepsy, ADD or ADHD who are unable to swallow solid oral dosage formulations

AND

- ❖ For generic methylphenidate oral solution, prescriber must submit a written letter of medical necessity stating the reasons brand Methylin Oral Solution is not appropriate for the member.

Methylphenidate CD Extended-Release Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Metadate CD, is not appropriate for the member.

Zenzedi 2.5mg, 7.5mg, 15mg, 20mg, 30mg

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic dextroamphetamine sulfate or Zenzedi 5mg, 10mg, is not appropriate for the member.

QLL CRITERIA:

Vyvanse

- ❖ An authorization to exceed the QLL may be granted if the member has not achieved an adequate response with FDA-approved maximum dosing (70mg/day) and the



member will be monitored for effectiveness and adverse events with the higher dosage.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.